

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90089 049 ****61.25

UBR 11/02

DOCUMENT # F94000000887

1. Entity Name
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE, INC.

Principal Place of Business: **1156 15TH STREET, NW WASHINGTON DC 20005**
Mailing Address: **1156 15TH STREET, NW WASHINGTON DC 20005**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2630359** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1311 EXECUTIVE CENTER DRIVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MICHELMAN, KATE STREET ADDRESS: 1156 15TH ST NW, STE 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: BCD NAME: WAGLE, MARY JANE STREET ADDRESS: 1156 15TH ST, NW STE 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input checked="" type="checkbox"/> Delete	TITLE: VCD NAME: Edelin, Kenneth C. STREET ADDRESS: 1156 - 15th Street, NW Suite 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: HENRY, G. ANGELA STREET ADDRESS: 1156 15TH STREET NW, STE 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: LOVE MARIE STREET ADDRESS: 1156 15th STREET NW, Suite 700 CITY-ST-ZIP: WASHINGTON, DC 20005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VCD NAME: PATTERSON, SALLY J STREET ADDRESS: 1156 15TH ST N W, STE 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input type="checkbox"/> Delete	TITLE: BCD NAME: Patterson, Sally J. STREET ADDRESS: 1156 15th ST. NW Suite 700 CITY-ST-ZIP: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ATD NAME: RHOME, ROM STREET ADDRESS: 1156 15TH ST N W, STE 700 CITY-ST-ZIP: WASHINGTON DC 20005	<input checked="" type="checkbox"/> Delete	TITLE: CFO NAME: JOHN BOTTS STREET ADDRESS: 1156 15TH STREET NW, SUITE 700 CITY-ST-ZIP: WASHINGTON, DC 20005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: DELLINGER, ANNE STREET ADDRESS: 1156 15TH ST N W, STE 700 CITY-ST-ZIP: WASHINGTON FL 20005	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Botts **REQUIRED** John Botts **8/28/03** **202-973-3000**

CR2E037 (4/03)